

TOM TALKS

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Early Stages of Fixed Treatment for Greater Efficiency

Class III, Deep Bite, Moderate Crowding

Using traditional mechanics, treatment of Class III deep bites, focusing on occlusal correction along the occlusal plane, can result in poor esthetics. Proclination of the upper anteriors combined with counterclockwise rotation of the upper occlusal plane, flattens smile arcs, and should be avoided to gain a **“WOW”** worthy esthetic result. Dr. Réda Alim, from Algeria, shared this case, beautifully demonstrating a completely different approach, creating greatly improved facial esthetics, with clockwise rotation of the upper occlusal plane, utilizing the combination of Pitts21® brackets (for superior control of axial inclination) and **Pitts Active Early™** case management for occlusal plane control (no TAD's, no surgery).

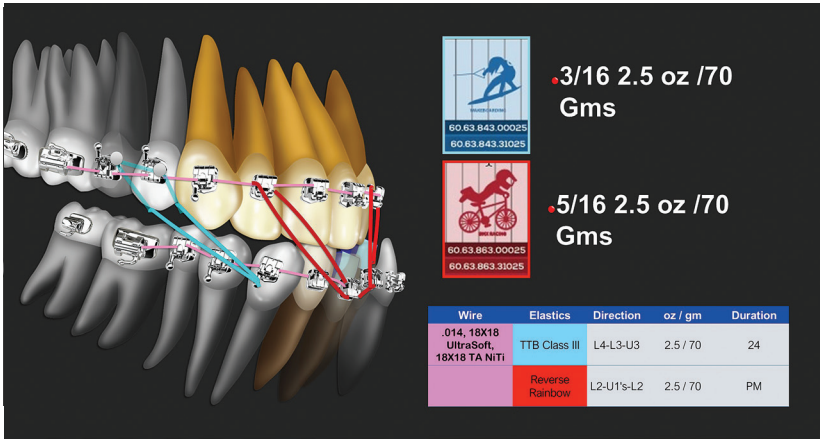


Dr. Réda Lotfi Alim

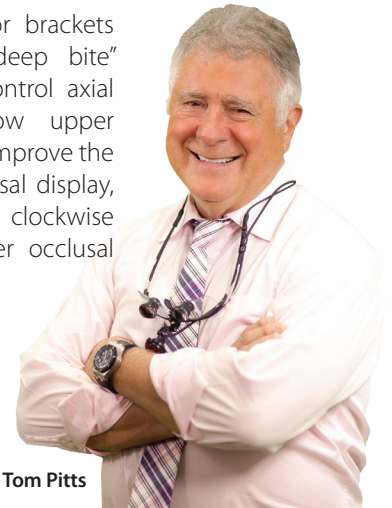


Photo Courtesy of Dr. Réda Lotfi Alim

SAP++ bracket placement, **“Flocked”** upper anterior brackets, and flipped lower incisor brackets helps avoid upper proclination and lower retroclination so common in traditional approaches. **Bite Turbos** on the lingual of the lower incisors are used to open the bite, while TTB Class III elastics extrude the posterior teeth to increase LFH. Anterior reverse rainbow elastics encourage counterclockwise rotation of the upper occlusal plane once the negative overjet is corrected. In addition, TTB vertical elastics can be worn if the upper arch is really narrow.



Inverted lower incisor brackets are placed in an "deep bite" position to better control axial inclination and allow upper anterior extrusion to improve the smile arc, vertical incisal display, and promote slight clockwise rotation of the upper occlusal plane.



Dr. Tom Pitts

Case Management Strategy	Case Specific Modifications	Stage 1 Strategies	Stage 2 Strategies	Stage 3 Strategies
SAP ++ Deep Bite placement of lower anteriors	Flip or flock upper anteriors Flip lower anteriors if Class III mechanics are heavy	PRACM after overjet is attained	PRACM adjustment for Smile Arc	Tooth recontouring for esthetics Pink tissue revision for improved bracket position
Disarticulation	Lower anteriors until OJ	Move the turbos to bicuspid or molars to increase COP rotation	Remove any posterior turbos when ideal upper incisor positions attained	
ILSE (Immediate Light Short Elastics)	FT TTB CI III 2.5 oz. 3/16 or TTB X-bite 2.5 oz. 5/16 PM PRN Reverse Rainbow 2.5 oz. 5/16 PM	Change to "Shorty" Class III 3.5 oz	Overtreat. Try to finish in Class II 2.5 oz. PM elastics Reverse Rainbow 2.5 oz. 5/16 PRN	Down and Under 3.5 oz. 5/16 (to sock in buccal occlusion) Reverse Rainbow 2.5 oz. 5/16 PM
Archwire Progressions - All Pitts Broad Arch Forms	.014 Thermal Activated Nickel Titanium	.018 x .018 Ultra Soft Thermal Activated Nickel Titanium	.020 x .020 Nickel Titanium	.019 x .019 Stainless Steel in both arches for finishing
PRACM and PIPER	As required for esthetics	PRACM after .018 x .018 Ultra Soft Thermal Activated Nickel Titanium	PIPER for incisor display	



Removing the posterior turbos once optimal VID is attained, with allow development of the posterior occlusion using "Up and Over" elastics (3.5 oz, 5/16). Remember to retain these cases with an MT Splint for best results.



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Ask your OC Sales Rep, where you can learn more, see you in a course soon!